OUR TUBERCULOUS NEGRO

Where Is He Now?

An Appeal to the Citizens and Legislators of Maryland to lend active support to a certain definite legislative measure necessary for the immediate and effective control of

TUBERCULOSIS

Published by the
MARYLAND ASSOCIATION FOR THE
PREVENTION AND RELIEF OF TUBERCULOSIS
and the
STATE-WIDE TUBERCULOSIS COMMITTEE

IMPORTANT

We believe you cannot fail to recognize the necessity for some legal provision along the lines indicated and the advisability of having the Tuberculosis Bill passed at *this session* of the Legislature. If so, please telegraph or write your Senator and Delegates TODAY (the Legislature adjourns early in April) and urge that they act favorably on SENATE BILL, No. 576.

Why You Should Actively Support the Tuberculosis Bill (Pages 3 and 4) Submitted to the General Assembly of 1916

I. Almost one-fifth of the population of Maryland is colored. In twelve of the twenty-three counties, Negroes constitute more than one-fourth of the population, and in one of these twelve counties, more than one-half.

II. The Negro is in close daily personal contact not only with others of his own race, but also with the white population. He handles our food on the farm, in transportation, in the kitchen, and finally, at the table; he drives our automobile or carriage, and works about our house and grounds; his women-folk watch over, and in many cases, bathe and clothe our children, clean our homes, and take our soiled clothing home to wash. Have you ever visited the home of your Negro maid, cook, washerwoman, or chauffeur? Ask your neighbor the same question.

III. Mortality records (state and city) show that on the average, more than two Negroes die with tuberculosis to every white person in the State.

IV. In a large percentage of Negro cases, tuberculosis is not discovered until it is in an advanced stage, when, unless the patient is properly cared for and personally careful, he is apt to be a source of danger to others.

V. The present facilities for the care and treatment of Tuberculous negroes are insufficient and to a large extent unsuitable. There are accommodations for less than twenty in the counties, and for about forty-four in Baltimore City, the latter being for *charity patients only.*

VI. Sufficient hospital provision should be made *immediately,* so that the tuberculous Negro may receive proper care and treatment, amidst decent surroundings and near enough to his home so that his family and friends can see him occasionally. Tuberculosis is not a charity, but a *public health question,* which it is plainly the *duty* of the *State* to answer.

VII. The Tuberculosis Bill provides the simplest, most effective, and most economical method of (1) caring for and treating the State's Negro tuberculous, (2) the administering of all tuberculosis institutions receiving State aid, and (3) the legal segregation of the dangerous case, one that will not follow the simple necessary precautions to protect his family and the general public.

In terms of humanity, self-protection, economy and efficiency, this Bill speaks for your personal endorsement and your influence in its favor.

A BILL

(Senate Bill No. 576, General Assembly, 1916.)

Entitled, An Act, to create the Maryland Tuberculosis Commission, and to put under its management or supervision, all Institutions now in existence, or hereafter to be established or maintained in whole or in part by the State of Maryland for the treatment of tuberculosis; directing the establishment of wards or pavillions for the treatment of Negroes suffering from tuberculosis and making an appropriation.

SECTION 1. Be it enacted by the General Assembly of Maryland, that there is hereby created a Maryland Tuberculosis Commission, composed of the Governor, Secretary of the State Board of Health, ex-officio, and six men to be appointed by the Governor, by and with the consent of the Senate; two to serve for two years, two for four years and two for six years, from June 1, 1916.

The Governor, by and with the consent of the Senate, shall thereafter biennially appoint two persons as members of said Commission to serve for six years or until their successors are appointed and qualify. The said Commission shall constitute a body corporate and shall have power to make such rules and by-laws not inconsistent with the laws of the State or of the United States as it shall see fit. It shall make a report of the proceedings and of all receipts and expenditures of the Institutions coming under its jurisdiction, annually, in the month of January, said report to cover the State fiscal year ending September 30th, next preceding the date of the submission of the Report.

SECTION 2. And be it enacted, That the Maryland Tuberculosis Commission shall manage and control the Maryland Tuberculosis Sanatorium, the Pine Bluff Sanatorium and any other institution for the treatment of tuberculosis now in existence or hereafter to be created by and supported by the State. They shall appoint the Superintendent of such institutions, who shall hold office subject to the pleasure of the said Commission, shall fix the number, duties and compensation of the various subordinate employes and upon nomination of the Superintendent shall appoint such employes. They shall have power to purchase

lands, erect buildings, purchase supplies and perform any and all such acts as may be necessary for the purpose of these Institutions.

SECTION 3. And be it enacted, That the said Commission shall elect a President and a Secretary-Treasurer; the Secretary-Treasurer, who may or may not be a member of said Commission, shall be paid such salary as may be determined by said Commission, and the members thereof shall serve without pay, but they shall be reimbursed for their reasonable expenses in connection with its work.

SECTION 4. And be it further enacted, That it shall be the duty of the Maryland Tuberculosis Commission to enter into proper contractural relations with such General or Special Hospitals located in Maryland and receiving financial aid from the State of Maryland, as said Commission may deem proper, for the purpose of creating, establishing and maintaining special Wards or Pavillions, in connection with said General or Special Hospitals for the purpose of providing treatment and care for such Negro citizens of the State of Maryland suffering from tuberculosis, as in the judgment of the State Board of Health of Maryland or its proper officer, are a menace to the public health, and should be provided with such treatment and care. And it shall be a further duty of the said Commission to commit any such Negro suffering from tuberculosis upon certification of the State Board of Health to the Hospital situated nearest his place of residence or most accessible therefrom to the extent of the beds available for such purpose.

SECTION 5. And be it enacted, That the sum of $120,000, or so much thereof as may be necessary, is hereby appropriated out of any funds not otherwise appropriated, for buildings, and the sum of $40,000, or so much thereof as may be necessary, be likewise appropriated for maintenance and the expenses of the Commission for the fiscal year beginning October 1, 1916, and the sum of $50,000, or so much thereof as may be necessary for maintenance and the expenses of the Commission for the fiscal year beginning October 1, 1917, for carrying out the provisions of this Act, and the Treasurer of the State shall, upon warrant of the Comptroller of the Treasury, pay the said sums of money upon the order of the Secretary-Treasurer and of the President, or Vice-President of the Said Commission.

SECTION 6. And be it enacted, That all laws or parts of laws in conflict with this Act are hereby repealed.

HISTORICAL

In 1902, with the passage of an Act authorizing the Governor to appoint a Tuberculosis Commission to investigate the means of preventing tuberculosis in the State, and the feasibility of establishing a State Sanatorium, for the care and treatment of those having the disease, began Maryland's fight against tuberculosis.

Another significant date was December 13, 1904, when a group of public-spirited citizens assembled at McCoy Hall, Johns Hopkins University, and formed the Maryland Association for Prevention and Relief of Tuberculosis, the first organized effort in the State under private auspices, to control the disease. During the first decade of its existence, the Maryland Association carried on wide and effective campaigns of public education, by means of lectures, exhibits, instruction to school children and teachers, the distribution of literature, newspaper publicity, etc., etc. Considerable study and research were made to determine municipal and state responsibility in relation to tuberculosis. The Association's activities and resources have been lent, also, in encouraging, initiating, and promoting legislation having direct bearing upon social and economic conditions, which make for or against the spread of tuberculosis. The Association in this period extended its work in the State by establishing branch organizations in several counties; these carry on similar propaganda locally.

As a result of this broad educational campaign, we now find some fifteen public and private institutions, throughout the State, with accommodations wholly or in part for the treatment of tuberculosis in its various forms and stages, four municipal and two private tuberculosis dispensaries in Baltimore City, and two dispensaries in the counties—all of which give free examinations and diagnoses; a Tuberculosis Division of the Baltimore City Health Department, with twenty-two visiting nurses; a private organization which furnishes home nursing service in five towns near Baltimore; eight nurses in the counties, now supported by contributions from local sources and from the sale of Red Cross Christmas Seals; three well equipped fresh-air classes in the public schools of Baltimore, and several private schools having classes of this character,—one of the latter being constructed entirely on the fresh-air plan; the State Board of Health giving sputum tests for physicians and furnishing prophylactic supplies without cost; finally, and by no means the least important, laws for the report-

ing and registration of tuberculosis; compelling fumigation of premises after death from tuberculosis; prohibiting promiscuous spitting; governing sanitary handling of milk and other food supplies; improving the sanitation of working conditions; medical examination of school children and of teachers (counties); prohibiting importation of cattle unless tuberculin tested; regulating manufacture and sale of tuberculin and other immunizing agents; prohibiting use of common drinking cup in public places; and the establishment of a Bureau of Communicable Diseases in the State Board of Health.

With a view to summarizing the effect of the first ten years (1904-1913) of anti-tuberculosis activity and to determine the direction which further effort should take, the Maryland Association and its Anne Arundel County Branch, during the holiday season of 1914 decided to hold a State Tuberculosis Conference, to which should be invited all those in the State who were directly or indirectly interested in the fight against the disease. His Excellency, Governor Goldsborough, one of the Vice-Presidents of the Maryland Association, who had long evidenced more than an "official" interest in the tuberculosis movement, issued the following call for the Assembly:

A Proclamation

To the People of the State of Maryland, Greeting:

The records of the State Department of Health show that *two thousand and sixteen citizens*, men, women and children, died from tuberculosis last year.

The facts and figures of that Department also indicate that more than *eight thousand* of the people of this State are today suffering from this terrible scourge, and more than *four thousand* new cases have been recorded in 1914.

The State is spending nearly $200,000 annually in maintaining sanatoria for the treatment of citizens who are ill with this *preventable* disease and we are annually losing many times that amount in potential wealth and earning power.

Now, therefore, in order that all should awake to the profound significance of the situation; *I, Phillips Lee Goldsborough, Governor of Maryland,* do most earnestly urge all public officials, health officers, physicians, nurses, teachers, county commissioners, school commissioners, mayors and other officers of cities and towns to attend a Conference on Tuberculosis to be held in the *State House at Annapolis* on Friday evening, January 22nd, and Saturday morning, January 23rd, nineteen hundred and fifteen, for the purpose of devising the proper course to follow in finally stamping out the *White Plague* from our great State.

Given under my hand and the great seal of the State of Maryland, at the Executive Office in the State House, Annapolis, this 30th day of December, nineteen hundred and fourteen.

PHILLIPS LEE GOLDSBOROUGH,
Governor.

(GREAT SEAL) By the Governor:

ROBERT P. GRAHAM,
Secretary of State.

At this first State Conference on Tuberculosis, the various phases of Maryland's problem were fully and scientifically discussed, by physicians, state, county and town health and educational officials, nurses, social service executives and workers, and by laymen, both from within and from without the State, all of whom, through their daily experience, were in a position to contribute something worth while to the general fund of information and to offer logical suggestions as to the next step that should be taken. One fact above all others was firmly established,—there was unanimous agreement that the most important phase, and one that should have the earliest possible consideration, was the segregation, care and treatment of the advanced case, especially the advanced Negro case. It was shown that tuberculosis mortality was over twice as high among the Negroes as among the whites, and that the prevalence of the disease among Negroes showed even a more diverging proportion; it was the opinion also, that the Negro, because of his economic and social status, and because of the very inadequate accommodations for his care and treatment, was, when an advanced case of tuberculosis, a continual menace to his family, his friends, and to the family of his white employer.

The following resolutions were submitted to and approved by the Conference at its close:

Resolution Adopted at the First State Conference on Tuberculosis, Annapolis, Maryland, January 22nd and 23rd, 1915.

WHEREAS, The Ten Years' fight against Tuberculosis in Maryland has resulted in slight diminution in the death rate from this disease; and

WHEREAS, The seriousness of the situation is now apparent to the people of the State, as evidenced by the proclamation of His Excellency, Governor Goldsborough; be it

RESOLVED, That this Conference of public officials, physicians, nurses, social workers, and citizens, of Maryland, assembled at the State House in Annapolis, does now express its conclusions, to wit:

That it is desirable that the State embark upon a definite policy of providing adequate hospital facilities for the segregation and care of advanced cases of Tuberculosis in small hospitals distributed over the State, supported jointly by the State and the Counties;

That adequate provision be made for the segregation, treatment and care of negroes suffering from Tuberculosis;

That the State make legal provision for the segregation and detention of such tuberculous patients as are found to be a definite menace to the public health; and

That the Maryland Association for the Prevention and Relief of Tuberculosis be requested to endeavor through the year to secure the public discussion of these three items, and prepare proper bills for their realization to be presented to the Legislature of 1916.

The Maryland Tuberculosis Association, though handicapped by lack of funds for the purpose, has in various ways within its power and means, attempted to place this problem of the handling of the tuberculous Negro before the people of Maryland during the past year. In the spring of 1915, with the assistance of the Department of Surveys and Exhibits of the Russell Sage Foundation, it prepared an exhibit depicting by word and photograph the extent, and the present very limited means for the control of tuberculosis, among the Negroes of Maryland. This exhibit is probably the first attempt in the country to picture carefully this most important phase of the tuberculosis problem. The exhibit is made up of 6 panels, each three by five feet, and a central device which explains the intimate connection between the Negro and the white home. This exhibit has been shown for periods of from one to ten weeks at each of the following places:

National Conference of Charities and Correction, Baltimore, May 12-19, '15.

City Club, Baltimore, June-July, 1915.

McCoy Hall, Johns Hopkins University, Baltimore, July, 1915.

Ministers' Conference, College Park, Md., August, 1915.

County Health Survey, Annapolis, Md., August, 1915.

Talbot County Fair, Easton, Md., October, 1915.

Queen Anne's County School Fair, Centreville, Md., November, 1915.

Maryland Week, Baltimore, November, 1915.

State Conference of Charities and Correction, Annapolis, Md., January, 1916.

State House (Legislative Session), Annapolis, Md., January, February, March, 1916.

A forty-page pamphlet entitled, "The Negro Tuberculosis Problem in Maryland," giving illustrations of the Negro exhibit by panel, and including that part of the proceedings of the State Conference relating to tuberculosis among Negroes, was published in May, 1915. Nearly two thousand of these pamphlets have been placed in the hands of the most thoughtful and most influential people in the State, including state, county and city public officials, physicians, ministers, teachers, nurses, social workers and club women. The value of the pamphlet as indicating how one Southern state has recognized and is studying its Negro tuberculosis problem is evidenced by the many calls for it from various anti-tuberculosis and health organizations in other states and from public and college libraries; one copy was recently sent to England on an order from a New York publishing house. A copy of this pamphlet will be furnished free to any resident of the State as long as the limited supply lasts; for non-residents the price is ten cents, postage two cents additional per copy. Information concerning the subject has been widely disseminated through the press of the State, also, by the Executive Secretary in public addresses, and by the general educational folder of the Association, of which nearly twenty-five thousand have been distributed since September, 1915.

In May, 1915, His Excellency, Governor Goldsborough, appointed a State-Wide Tuberculosis Committee to formulate a definite state policy as to the most immediate needs for the control of the disease. Baltimore City and each of the twenty-three counties of the State were represented on this Committee. (See page 23.)

It was agreed that a sub-committee composed of Dr. Louis Hamman, formerly of the Phipps Dispensary; Dr. Victor F. Cullen, Superintendent of the State Sanatorium, and Robert C. Powell, of the Maryland Tuberculosis Association, should study the questions that the State Conference had brought forth, and that this committee's report should be used as a basis for the

tuberculosis legislation to be offered to the General Assembly of 1916. The sub-committee submitted its report to the State-Wide Tuberculosis Committee on January 15, 1916. (See below.)

This report of the sub-committee was adopted as herein printed and a Committee on Legislation was appointed, composed of Messrs. H. Wirt Steele, Robert C. Powell, and W. Pinckney White. This Committee was instructed to draft the necessary legislation for putting into effect the recommendations of the Hamman Committee. The Bill, which was prepared most carefully, and has the endorsement of the State Department of Health, the Maryland Tuberculosis Association, and of leading members of the Boards of both the State Tuberculosis Sanitorium and the Hospital for Consumptives of Maryland, is given in full on pages 4 and 5.

REPORT OF THE HAMMAN COMMITTEE.

November 18, 1915.

Dr. John S. Fulton, Chairman,
The State-Wide Tuberculosis Committee,
Baltimore, Maryland.

My Dear Sir:

The Committee appointed by you to suggest, to the Governor's State-Wide Commission, a plan for the control of tuberculosis amongst the Negroes of Maryland has given the problem thoughtful consideration, and submits the following brief report as an outline of how existing conditions may best be met. Since the time at its disposal has been limited it is impossible to advance convincing evidence to support each step in the argument; but the Committee feels confident, had they sufficient time for such arduous investigation, that the necessary evidence could be produced. The report is merely an outline of what a more extended presentation should be, but it represents the conclusions of years of interest and labor in the field of tuberculosis control.

I. It is hardly necessary to lay emphasis again upon the prevalence of tuberculosis in Maryland and the economic loss its incidence entails. The cost of those

measures which are directed toward the control of this infection, is equivalent to a very small part of the annual loss from untimely death and prolonged incapacity from tuberculosis. Still from our knowledge of the disease, and more pointedly from actual experience, we are assured that such an outlay is doubly repaid the State, by the restored earning capacity of the afflicted, without regard to the income derived from those spared the infection through the efficacy of anti-tuberculosis measures. Nor need we dwell upon the fertility of the Negro population in our State as a soil for maintaining and spreading tuberculosis. All statistics show that the disease is particularly prevalent among them, and since they enter in close and intimate relation with the white people of the State they are potent channels of infection, not only for their families and neighbors, but for their masters and employers as well. An anti-tuberculosis campaign to be effectual must therefore be directed against the stronghold of the disease.

II. It must be evident, even to lay intelligence, that there are only two ways in which tuberculosis can be controlled, namely:

1. To cure the infection after it has become manifest.

2. To prevent the occurrence of infection, or at least of manifest disease.

Up to the present time the State has devoted its attention almost entirely to the cure of tuberculosis. Its energy was guided in this direction by confident predictions of the success of treatment in the anti-tuberculosis campaign and by a strong humanitarian appeal. To witness the glowing results of treatment, to see an afflicted brother, as it were, snatched from the grave, is a satisfaction that the cold mathematical demonstration of the fruits of prevention can never inspire. However, the treatment of tuberculosis has not been nearly so successful as was at first promised. Experience at our State Sanatorium, as well as the results obtained elsewhere in this Country and abroad have firmly established the following facts:

1. Tuberculosis is curable only in the earliest stage of the disease. In this statement "curable" is used in its ordinary practical significance, not in a strictly scientific sense; that is, to mean that the patient loses all symptoms of the infection, is able to return to accustomed ways of living and is no longer a source of contagion to his associates.

2. The diagnosis of pulmonary tuberculosis in an early stage is beset with such difficulties that its practical application on a large scale has completely failed. This failure has been due to two factors.

   a. The lack of skill in early diagnosis displayed by the medical profession and

   b. The nature of the disease.

Pulmonary diagnosis is the most difficult province of internal medicine. Skill in this field requires prolonged and constant application, a specialization we have no right to ask of the profession as a whole. The demands of modern practice each day require a more elaborate training in every department of medicine, and the physician cannot master them all. It would be impossible to have the general population of the State submitted to the constant vigilance of trained physicians watching in each member for the early manifestation of tuberculosis infection. However, were such surveillance feasible, still its purpose would in large measure be defeated by the very nature of the infection.

As everyone knows, tuberculosis is unduly prevalent, indeed, it is almost universal, for four-fifths of all adults are infected. However, of those infected relatively a small number actually develop tuberculous disease. Fortunately, in most of us the infection passes unnoticed. It is highly important, therefore, in considering tuberculosis, to distinguish between infection and disease, a distinction that has no parallel in other infections and which introduces great difficulties in the way of diagnosis. We have very accurate and ready means of discovering tuberculous infection, but this disclosure is of little practical value since its astonishing revelations would require, were

we to undertake to treat infection, that the vast majority of mankind should be detained in sanatoria or spend the larger part of their existence in quiet repose free from the duties and cares with which life at present besets us. However, no such absurd extreme need be fancied, for in the great majority of people the infection gives us no serious concern. Treatment is required only when the infection passes from a latent stage into threatening activity obtruding its presence through the manifestations of disease. An appreciation of these simple and generally known facts at once makes clear all the difficulty of the situation. Were a large number of people to undergo examination today it would be easy to indicate the infected, but even though the examination were ever so rigid and skillful, it would be impossible to predict which of these, after six months, would be down with manifest tuberculous disease. To our great mischance the transition from quiescence to activity is not always made in easy stages, is not always heralded by unmistakable warnings of the approaching disaster. Just as frequently, indeed more often, the dividing ground is passed over in one bound, and the individual is carried at once from apparent well-being to what is technically spoken of as a moderately or far advanced stage of tuberculous disease.

The failure of early diagnosis is sufficiently illustrated in our own State Sanatorium and in all other sanatoriums throughout the Country. Of the definitely tuberculous patients relatively only a small number have the disease in an early or curable stage. The reason for this resides more in the nature of the disease than in lack of professional skill and interest.

3. Tuberculosis is a disease very amenable to treatment; even in moderately advanced stages of the disease the immediate results are excellent. However, the permanency of the results depends upon factors that cannot be maintained by the people at large, and on this account treatment, as a broad method of prevention, has failed. Most patients with moderately advanced pulmonary tuberculosis respond in a very satisfactory manner to sana-

torium treatment. After a few months many lose their symptoms, gain in weight and strength, and to an untrained observer present the appearance of robust health. However, the medical examination still reveals evidence of gross pulmonary disease, and experience has taught us that such patients almost invariably relapse if after so short a period of treatment they abandon the carefully regulated life that has restored their health.

The permanent success of treatment in moderately or far advanced stages of pulmonary tuberculosis depends mainly upon two factors:

a. The length of time treatment can be followed.

b. The general conditions under which the patient lives after the disease has been arrested.

Six months or a year is seldom long enough to establish the measure of healing that is necessary to permit the patient to return, even with a reasonable degree of assurance, to his accustomed mode of living. However, in order to give an equal opportunity of recovery to all the afflicted, State Sanatoriums cannot prolong unduly the period of residence. Most sanatoriums have an average limit of six months, and will not accept the same patient the second time, should the disease return after discharge. Such brief periods are acknowledged to be altogether inadequate, but expediency requires a quick shifting of patients. Those who may spend years at the cure have quite a different chance of gaining permanent recovery.

Of still more importance than the length of treatment upon the outlook for enduring results is the living conditions to which the patient leaving the sanatorium must return. After all the sanatorium is only the school for teaching the principles of right living, but the practice of these principles requires a certain amount of leisure, freedom from worry, and a measure of physical comfort. If the bare necessities of life cost a daily struggle with fatigue and care, the worn patient has neither the courage nor the weapons to fight successfully against disease. Unfortunately, tuberculosis is mainly a scourge to the poor, and experience demonstrates that the discharged sana-

torium patient, buoyant with renewed health and vigor, returning to the vicious surroundings that betrayed him to the disease, rapidly succumbs in the unequal conflict with poverty and ill health.

In thus briefly demonstrating why diagnosis and treatment have failed as broad measures of attacking tuberculosis amongst the masses, we desire earnestly to avoid creating the impression that we are directing criticism against the sanatorium. In our opinion this institution has done an invaluable service in the anti-tuberculosis campaign, but it would be inappropriate to dwell further upon the value of the sanatorium in this report. This much is certain: That under existing conditions treatment as at present pursued has proved unavailing to stem the spread of tuberculosis as a social disease, and since Negroes possess a much lower resistance to the advance of the disease than the white population, it would be futile to emphasize this part of the campaign as the permanent feature of a plan to eradicate tuberculosis from amongst them. Every individual, white or black, unfortunate enough to contract tuberculosis, should be given a reasonable chance to recover, but this chance may be accorded them without making it the dominant note of the program.

III. We come now to consider the prevention of infection and what success prevention promises as a means of combating tuberculosis.

To tuberculosis, more than to any other infectious disease, the parable of the seed and the soil is strictly applicable. Without the tubercle bacillus there can be no tuberculosis, but for tuberculosis to develop many factors of great complexity and as yet but little understood must facilitate the implantation of the bacillus and augment its growth. It is true that though we may emphasize the role of the bacillus, still we cannot completely ignore those personal factors that contribute to make the infection fruitful, and likewise though we focus our attention upon individual resistance, still we cannot keep out of sight the invader that is being resisted. The two viewpoints meet and run together, but are sufficiently separate

to lead to different methods in our efforts to eradicate tuberculosis.

On the one hand are those who direct their efforts towards cultivating the soil. Reliable studies inform us that ninety per cent. of the human race is tuberculosis infected, and that infection occurs at a very early age, so that at twelve years few children have escaped it. Relatively a small number of those infected subsequently become tuberculous, so that something more than infection is necessary for tuberculosis to develop. What this something is we do not know. Time, manner, frequency and intensity of infection play an important part. Apparently, too, there is a wide personal variation in susceptibility. To just what this personal factor is due we are not in a position to say, but certain general facts known about the distribution of tuberculosis afford us a clue to its interpretation. Tuberculosis, like most infectious diseases, thrives under the conditions that poverty induces. Inadequate housing facilities, insufficient food, filth, and sordid care are a few of these. If, as all must admit, the tubercle bacillus is more or less ubiquitous and few escape contact with it, then an important part of our campaign of prevention will be the raising of personal resistance so that when infection occurs it may be successfully overcome. Here is the field for wide social activity. Everything that makes for higher standards of living and for improved personal hygiene is a valuable arm against tuberculosis. Housing laws, child-labor laws, the wage question, municipal recreation centres, the liquor question, social service in all its departments, vacation lodges, open-air schools, factory inspection, and so on, are all indirectly reliable anti-tuberculosis agitation.

However, as valuable as such measures unquestionably are, their interest is too general to make them specific objects of an anti-tuberculosis campaign by the State.

On the other hand are those who direct their efforts towards the annihilation of the tubercle bacillus. We are sufficiently instructed about the life history

and habits of this organism to build our plan upon sound principles. It is only necessary to guard against the dissemination of the bacillus through the sputum of tuberculous patients. Simple as this measure appears to be in principle, it is nevertheless so difficult to practice that wide experience has taught us the futility of attempts to render patients innocuous in their homes. Efficient sputum prophylaxis is seldom carried out even under favorable conditions by the moderately intelligent, and amongst Negroes such educational measures would surely be doomed to fail. Satisfactory isolation of patients can only be attained either by removing the healthy from the environment or by removing the patient from the surroundings where his presence is a serious menace. The first plan has been practiced in a measure by the establishment of institutions for the children of tuberculous parents. Undoubtedly this procedure offers satisfactory protection, but it is a round-about and extravagant road to a goal that may be reached by a direct and economical way. The only efficient manner in which to isolate the tuberculous and prevent them from doing harm is to confine them in suitable institutions. Of course, all tuberculous patients cannot and need not be thus removed, but a large number might be accommodated, and amongst these should be those whose surroundings make them particularly fertile sources of infection. All anti-tuberculosis measures thus far ultilized in our fight against the disease are valuable weapons, but the Committee is strongly of the opinion that the most potent force against the spread of tuberculosis is the hospital for advanced cases. Particularly is this true when the question of prevention touches upon the Negro. We therefore strongly urge that all the efforts of the State be directed towards providing institutional care for Negroes with advanced pulmonary tuberculosis. The remainder of this report shall deal briefly with the main features of such institutions.

IV. The establishment of hospitals being accepted as the best method for the State to deal with the problem of tuberculosis in the Negro, it becomes an important task to decide specifically upon the character, plan, location and management of such institutions. Your

Committee feels that certain broad principles of policy should be decided at once, but the details should be exhaustively studied before a definite plan is accepted. Concerning the broad principles of policy, the following questions demand an immediate answer:

1. Shall there be one or two large, or a number of smaller institutions?

   This question cannot be considered in detail, but your Committee commits itself unhesitatingly to a plea for County Hospitals. The advantages of such a plan are so important and so numerous that they outweigh the one valid objection, namely, the increased cost of construction and maintenance, that can be urged against it. Chief amongst the advantages is the desirability of having an institution for sick and dying patients near their home, where relatives and friends may conveniently visit them. The hardship of sending patients off to a distance to linger in illness and die away from family and friends would create such unpleasant associations about the institution that only the law could force patients to enter and remain.

2. Should such Hospitals be separate institutions, or should they be linked with existing institutions?

   It would be economical to have them connected with existing institutions, and no doubt satisfactory plans could be devised for associating them with the numerous County Hospitals that in other directions are performing such valuable service.

Each County, or each two or three Counties have their own Local Hospital for the treatment of other diseases. Here we have the organization, and all that would be necessary would be to construct separate quarters for tuberculous patients.

The food could be supplied from the same kitchen, and a small sterilizer installed to disinfect soiled dishes. The staff could be chosen from the visiting physicians of the Hospital. It would fill a great need to give the nurses in training at these small hospitals

the opportunity to become familiar with nursing tuberculous patients.

Wards of twenty beds could be constructed in conjunction with the Hospitals at Cumberland, Hagerstown, Frederick, Annapolis, Elkton, Easton, Cambridge, Salisbury and larger wards in conjunction with Hospitals in Baltimore receiving State aid. We believe that Negroes would go to these places, whereas they would not go far from home.

In the Pennsylvania State Sanatorium at Mont Alto, the average number of Colored patients is 80 out of a total capacity of 1,200 beds. We have had access to copies of their waiting lists, and in the last two weeks the number of Negroes on the waiting list has varied from 0 to 2. This is certainly satisfactory evidence that Negroes will not go far from home.

If each of the above named eight Hospitals were given $20,000 to construct wards for male and female Negroes, the total outlay would be $160,000; if further $50,000 were given the hospitals in Baltimore to construct wards, and an allowance of $1.00 a day for maintenance, this would certainly be the most economical way for the State to meet the situation. These institutions could be placed under one central Board, and a representative of the Board visit them at stated intervals.

This plan is similar to the plan of the County Hospitals already operating in a number of Northern States.

3. What patients should be admitted to the Hospital?

   All Negroes with satisfactory evidence of pulmonary tuberculosis. If there is a doubt as to the nature of the disease the patient might be admitted for a period of observation. Those with early lesions could be admitted for treatment, and thus be given a satisfactory opportunity to recover.

4. Would patients be willing to go to such Hospitals?

   If properly managed, we are sure they would. However, no doubt, in many instances where cir-

cumstances and surroundings would make it particularly desirable that the patient be removed he would refuse to go. To cover such instances there should be a law giving health officers the authority to compel removal when existing conditions render a patient a serious menace to those about him. The very existence of such a law would make its enforcement unnecessary in all but isolated instances.

5. How long should patients be kept in the Hospitals?

This is perhaps the most important question of policy. We should answer it by saying that the patient should be retained until he either dies or else loses all the symptoms of the disease and is apparently cured. Since the latter alternative will seldom come up for consideration we may direct our attention solely to the former. It will be remembered that the whole object of our campaign is to remove as many foci of infection as is possible from the associates to whom they are a danger. We will accomplish this purpose better by taking a single infectious patient and permanently guarding him from infecting those about him than by accepting ten patients, each for a brief period of time, and at the end of this period sending them back to again infect the surroundings from which they were removed. However, experience points to one serious difficulty in the way of carrying out the plan to keep infectious patients during their lifetime. When patients with even advanced pulmonary disease are placed under the favorable conditions of institutional care a certain proportion perhaps one-third, instead of rapidly advancing to death, will show unexpected improvement and regain a large measure of strength and vigor. If such patients are discharged and return to their unfavorable home surroundings, they quickly relapse, and soon are numbered amongst the victims of the disease. However, as long as they stay at the institution, although they do not recover from the disease, they remain in a state of reasonable

well-being. Therefore, since we insist that a patient who once comes under hospital control must be guarded until death releases him, some special provision must be made for those patients who neither get well nor die. Otherwise the institution would soon be blocked. How to solve the difficulty is not clear. Perhaps an industrial colony connected with the Hospital might prove to be a satisfactory solution of the difficulty.

In this brief outline your Committee has aimed only to touch upon the main points at issue. The report is merely a framework for fuller discussion. Should the objects here endorsed be approved by the State-Wide Committee it would then be necessary to elaborate the details of construction, management and cost of such institutions as we have proposed.

(Signed) LOUIS V. HAMMAN
VICTOR F. CULLEN
ROBT. C. POWELL

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